

VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Town of Edinburg

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Is this facility located within city or town boundaries? Yes

Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.

3. What is the tax map parcel number for the land where this facility is located? 70A3(A)105

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? < 1 acres

5. ALL FACILITIES: What is the design average flow of this facility? 0.175 MGD

Industrial facilities: What is the max. 30-day avg. production level (include units)? N/A

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? NO

If "Yes", please specify the other flow tiers (in MGD) or production levels: _____

Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. Nature of operations generating wastewater:

Town of Edinburg Collection System

70 % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities: 0 1-49 X 50 or more

30 % of flow from non-domestic connections/sources

7. Mode of discharge: X Continuous Intermittent Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

 X Permanent stream, never dry

 Intermittent stream, usually flowing, sometimes dry

 Ephemeral stream, wet-weather flow, often dry

 Effluent-dependent stream, usually or always dry

 Lake or pond at or below the discharge point

 Other: _____

9. Approval Date(s):

O & M Manual September 2006 Sludge/Solids Management Plan January 2, 2007

Have there been any changes in your operations or procedures since the above approval dates? No

10. Date that a copy of the application was sent to the Virginia Department of Health?

JUNE 29, 2011

FACILITY NAME AND PERMIT NUMBER:

Edinburg Sewage Treatment Plant - VA0020508

Form Approved 1/14/99
OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information Packet.

A.1. Facility Information.

Facility Name Edinburg STP
Mailing Address P.O. Box 85
Edinburg, Virginia 22824
Contact Person Honorable Daniel J. Harshman
Title Mayor
Telephone Number (540) 984-8521
Facility Address 114 North Whissen Street
(not P.O. Box) Edinburg, Virginia 22824

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant Name Town of Edinburg
Mailing Address Same as above

Contact Person _____
Title _____
Telephone Number () _____

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	<u>VA0020508</u>	PSD	_____
UIC	_____	Other	_____
RCRA	_____	Other	_____

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Edinburg</u>	<u>900</u>	<u>Separate</u>	<u>Municipal</u>
<u>Outside of Edinburg</u>	<u>150</u>	<u>Separate</u>	<u>Municipal</u>
_____	_____	_____	_____
Total population served	<u>1,050</u>		

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A.5. Indian Country.

- a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ NoA.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate
- 0.175
- mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate	<u>0.131</u>	<u>.131</u>	<u>.145</u>
c. Maximum daily flow rate	<u>0.246</u>	<u>.355</u>	<u>.398</u>

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

- ☒ Separate sanitary sewer 100 %
- ☐ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

- a. Does the treatment works discharge effluent to waters of the U.S.?
- ☒
- Yes
- ☐
- No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ 0

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharge to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

- c. Does the treatment works land-apply treated wastewater?
- ☐
- Yes
- ☒
- No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?
- ☐
- Yes
- ☒
- No

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter Name _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number () _____

For each treatment works that receives this discharge, provide the following:

Name _____

Mailing Address _____

Contact Person _____

Title _____

Telephone Number () _____

If known, provide the NPDES permit number of the treatment works that receives this discharge _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8. through A.8.d above (e.g., underground percolation, well injection): ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

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WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

- a. Outfall number 001
- b. Location Edinburg, Virginia 22824
(City or town, if applicable) (Zip Code)
Shenandoah Virginia
(County) (State)
Lat 38 Deg 49 min 13 sec Long 78 Deg 33 min 29 sec
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate 0.145 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: _____
- Average duration of each discharge: _____
- Average flow per discharge: _____ mgd
- Months in which discharge occurs: _____
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

- a. Name of receiving water Stony Creek
- b. Name of watershed (if known) Potomac
United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known): _____
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____
- d. Critical low flow of receiving stream (if applicable)
acute _____ cfs chronic _____ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

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A.11. Description of Treatment

a. What levels of treatment are provided? Check all that apply.

☒ Primary☒ Secondary☐ Advanced☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD5 removal or Design CBOD5 removal >85% %Design SS removal >85% %Design P removal N/A %Design N removal N/A %

Other _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe:

Chlorination

If disinfection is by chlorination is dechlorination used for this outfall?

☒ Yes☐ No

d. Does the treatment plant have post aeration?

☐ Yes☒ No

A.12 Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE					
	Value	Units	Value	Units	Number of Samples			
pH (Minimum)	6.5	s.u.						
pH (Maximum)	8.2	s.u.						
Flow Rate	0.398	mgd	0.145	mgd	During Feb, March, April 2011			
Temperature (Winter)	13.9	C	11.7	C	31			
Temperature (Summer)	25.0	C	19.9	C	31			
* For pH please report a minimum and a maximum daily value								
POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL	
	Conc.	Units	Conc.	Units	Number of Samples			
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD5	25.7	Mg/L	18.3	Mg/l	36	EPA 405.1	ML 2.0 mg/L
	CBOD5							
FECAL COLIFORM	Requesting waiver. Using chlorine disinfection and we have not had any issues maintaining adequate disinfection.							
TOTAL SUSPENDED SOLIDS (TSS)	14.3	Mg/L	10.0	Mg/L	3	EPA 160.2	ML 5.0 mg/L	

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BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate \geq 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

8,000 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

Edinburg has taken a proactive approach to minimize infiltration. They have continued to maintain the lines as needed.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- The area surrounding the treatment plant, including all unit processes.
- The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- Each well where wastewater from the treatment plant is injected underground.
- Wells, springs, other surface water bodies, and drinking water wells that are: 1) within $\frac{1}{4}$ mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where the hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☒ Yes ☐ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: EEMA O&M Services Group, Inc.

Mailing Address: P.O. Box 232
Kulpsville, PA 19443

Telephone Number: (215) 368-3375

Responsibilities of Contractor: Provide personnel to operate and maintain the plant.

B.5. Scheduled improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

n/a

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes

☐ No

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c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin Construction	/ /	/ /
- End Construction	/ /	/ /
- Begin Discharge	/ /	/ /
- Attain Operational Level	/ /	/ /

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide effluent testing for the following listed parameters and those required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum effluent testing data must be based on at least three pollutant scans, preferably represent several seasons, and must be no more than four and on-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML/MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NON CONVENTIONAL COMPOUNDS							
AMMONIA (as N)	5.8	Mg/L			1*	SM-4500NH3-F	0.2 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	2.2	Mg/l	1.0	Mg/L	90	Hach 4500-CIG	0.9 mg/L
DISSOLVED OXYGEN	4.5	Mg/l			1*	4500-0	0
TOTAL KJELDAHL NITROGEN (TKN)	9.19	Mg/L			1*	ASTM D3590-02(A)	0.1 mg/L
NITRATE PLUS NITRITE NITROGEN	5.00	Mg/L			1*	SM-4500-NO3 D	0.1 mg/L
OIL and GREASE	Requesting a waiver. Currently no water quality standards for Oil and Grease. It is currently not an issue in the effluent.						
PHOSPHORUS (Total)	1.64	Mg/L			1*	Hach 8190	
TOTAL DISSOLVED SOLIDS (TDS)	A waiver from reporting TDS is requested because the discharge is not to a public water supply.						

*Requesting a sampling Waiver for 3 tests. Sampled one test for Dissolved Oxygen, Ammonia, TKN, Nitrate, Nitrite and Total Phosphorus.

**END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE
WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

Edinburg Sewage Treatment Plant – VA0020508

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OMB Number 2040-0086

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data) SEE WAIVER REQUEST

☐ Part E (Toxicity Testing: Biomonitoring Data)

☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Dan Harshamn - Mayor

Signature 

Telephone number (540) 984-8521

Date signed JUNE 29 2011

Upon request of the permitting authority, you must submit any other information necessary to assure wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Form 2A

Part D

A waiver is requested from submitting the Expanded Effluent Testing Data because the data has already been submitted for those parameters for which there are water quality standards, and there has been no change in the influent quality or treatment process. A waiver is requested from submitting the Expanded Effluent Testing Data for those parameters for which there are no water quality standards.

Form 2A

A.12. Effluent Testing Information

IES



Inboden Environmental Services, Inc.

Analytical Report Form

Customer: Town of Edinburg
P.O. Box 244
Edinburg, VA 22824
Contact: Kim Defeo
Special Notes:

Report Date: 6/7/2011
Batch ID:
Received Date: 5/26/2011
Sampler: Sampled by, Client
Sample Priority: Normal

Sample Location: Town of Edinburg WWTP
Sample ID Number: 1105261208

Sample Type: Composite - Wastewater
Sample Date & Time: 5/25/2011 7:00 AM

Parameter	Result	IES QL	Units	Method	Analysis Date	Analysis Time	Analyst
Ammonia as N	5.8	0.2	mg/L	*SM-4500NH3-F	6/6/2011	9:15	naw
Nitrate as N	5.00	1.00	mg/L	*SM-4500-NO3 D	5/26/2011	9:15	ASP
Nitrite as N	0.218	0.01	mg/L	*HACH 8507	5/26/2011	13:00	ASP
Total Kjeldahl Nitrogen	9.19	0.5	mg/L	*ASTM D3590-02 (A)	5/31/2011	10:00	naw
Total Phosphorus	1.64	0.20	mg/L	*HACH 8190	5/31/2011	11:00	sf

Notes:

Analytes with an asterisk (*) present indicate NELAP accreditation. Analytes that have no asterisk (*) are not NELAP accredited.

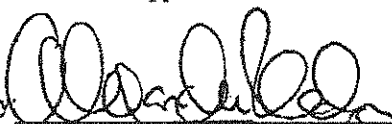
Reproduction of this report is not permitted, except in full, without the expressed written consent of Inboden Environmental Services Inc.

IES Quantification Limit is the concentration of the lowest calibration standard above zero with a reliable signal.

Chain-of-Custody indicates complete composite sample collection time frame.

SM represents "Standard Methods for the Examination of Water and Wastewater", 18th Edition, 1992.

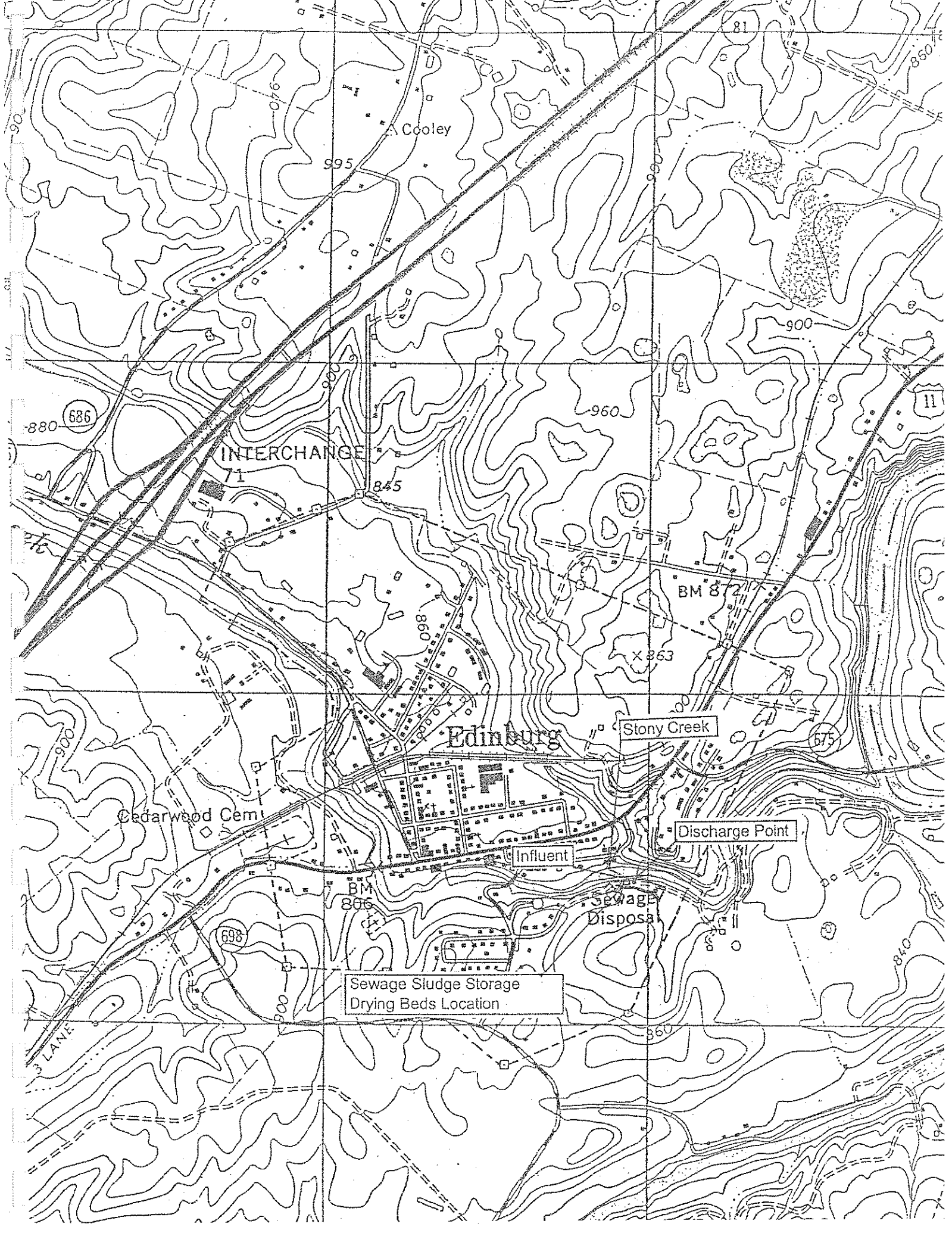
Reviewed and approved for Inboden Environmental Services, Inc.

By: 
Laboratory Director

Date: 

Form 2A

B.2. Topographic Map



Cooley

995

81

860

900

960

880 686

INTERCHANGE 71

845

BM 872

Stony Creek

675

Edinburg

Cedarwood Cem

Discharge Point

Influent

BM 806

Sewage Disposal

Sewage Sludge Storage
Drying Beds Location

698

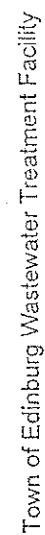
840

860

3 LANE

Form 2A

B.3. Process Flow Diagram



SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

- a. Facility name: Edinburg Sewage Treatment Plant
- b. Contact person: Honorable Dan J. Harshamn
Title: Mayor
Phone: (540) 984-8521
- c. Mailing address:
Street or P.O. Box: PO Box 85
City or Town: Edinburg State: VA Zip: 22824
- d. Facility location:
Street or Route #: 114 North Whissen Street
County: Shenandoah
City or Town: Edinburg State: VA Zip: 22824
- e. Is this facility a Class I sludge management facility? Yes ☒ No
- f. Facility design flow rate: 0.175 mgd
- g. Total population served: 1,050
- h. Indicate the type of facility:
☒ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe):

2. Applicant Information. If the applicant is different from the above, provide the following:

- a. Applicant name: Town of Edinburg
- b. Mailing address: SAME AS ABOVE
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- c. Contact person:
Title:
Phone: () _____
- d. Is the applicant the owner or operator (or both) of this facility?
☒ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
☐ facility ☒ applicant

3. Permit Information.

- a. Facility's VPDES permit number (if applicable): VA0020508
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
Permit Number: _____ Type of Permit: _____

4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes ☒ No If yes, describe:

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ☒ Yes ☐ No
If yes, provide the following for each contractor (attach additional pages if necessary).
Name: Town of Edinburg Maintenance Departemnt
Mailing address:
Street or P.O. Box: PO Box 85
City or Town: Edinburg State: VA Zip: 22824
Phone: (540) 984-4592
Town of Edinburg has their maintenance staff haul the sludge to Shenandoah Co. Landfill.
- Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
- If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

☒ Section A (General Information)
☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
☐ Section C (Land Application of Bulk Sewage Sludge)
☐ Section D (Surface Disposal)

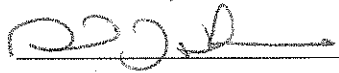
FACILITY NAME: Edinburg Sewage Treatment Plant VA0020508 VPDES PERMIT NUMBER:

FACILITY NAME: Edinburg Sewage Treatment Plant VA0020508

VPDES PERMIT NUMBER:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title DANIEL J. HARSHMAN, MAYOR

Signature  Date Signed 6/29/2011

Telephone number (540) 984-8521

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.
Total dry metric tons per 365-day period generated at your facility: 23 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
 - a. Facility name:
 - b. Contact Person:
Title:
Phone ()
 - c. Mailing address:
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
 - d. Facility Address:
(not P.O. Box)
 - e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
 - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3. Treatment Provided at Your Facility.
 - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
Class A Class B X Neither or unknown
 - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerobic Digestion and Drying Beds
 - c. Which vector attraction reduction option is met for the sewage sludge at your facility?
Option 1 (Minimum 38 percent reduction in volatile solids)
Option 2 (Anaerobic process, with bench-scale demonstration)
Option 3 (Aerobic process, with bench-scale demonstration)
Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
Option 5 (Aerobic processes plus raised temperature)
Option 6 (Raise pH to 12 and retain at 11.5)
Option 7 (75 percent solids with no unstabilized solids)
Option 8 (90 percent solids with unstabilized solids)
X None or unknown
 - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Aerobic Digestion and Drying Beds
 - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
 - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
_____ dry metric tons
 - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?

Yes No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name:
- b. Facility contact:
Title:
Phone: ()
- c. Mailing address:
Street or P.O. Box:
City or Town: State: Zip:
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:Type of Permit:

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? Yes No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

 Class A Class B Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? Yes No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
 Yes No

If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? Yes No
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? Yes No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported.

7. Land Application of Bulk Sewage Sludge.

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: dry metric tons
- b. Do you identify all land application sites in Section C of this application? Yes No
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? Yes No
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
 Yes No
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: Site Owner Site operator
- e. Mailing address.
Street or P.O. Box:
City or Town: State: Zip:
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:
Permit Number: Type of Permit:

9. Incineration.

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

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- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
____ Yes ____ No
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number:
- d. Contact person:
Title:
Phone: ()
Contact is: ____ Incinerator Owner ____ Incinerator Operator
- e. Mailing address.
Street or P.O. Box:
City or Town: _____ State: _____ Zip: _____
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: _____ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:
Permit Number: _____ Type of Permit: _____

10. Disposal in a Municipal Solid Waste Landfill.

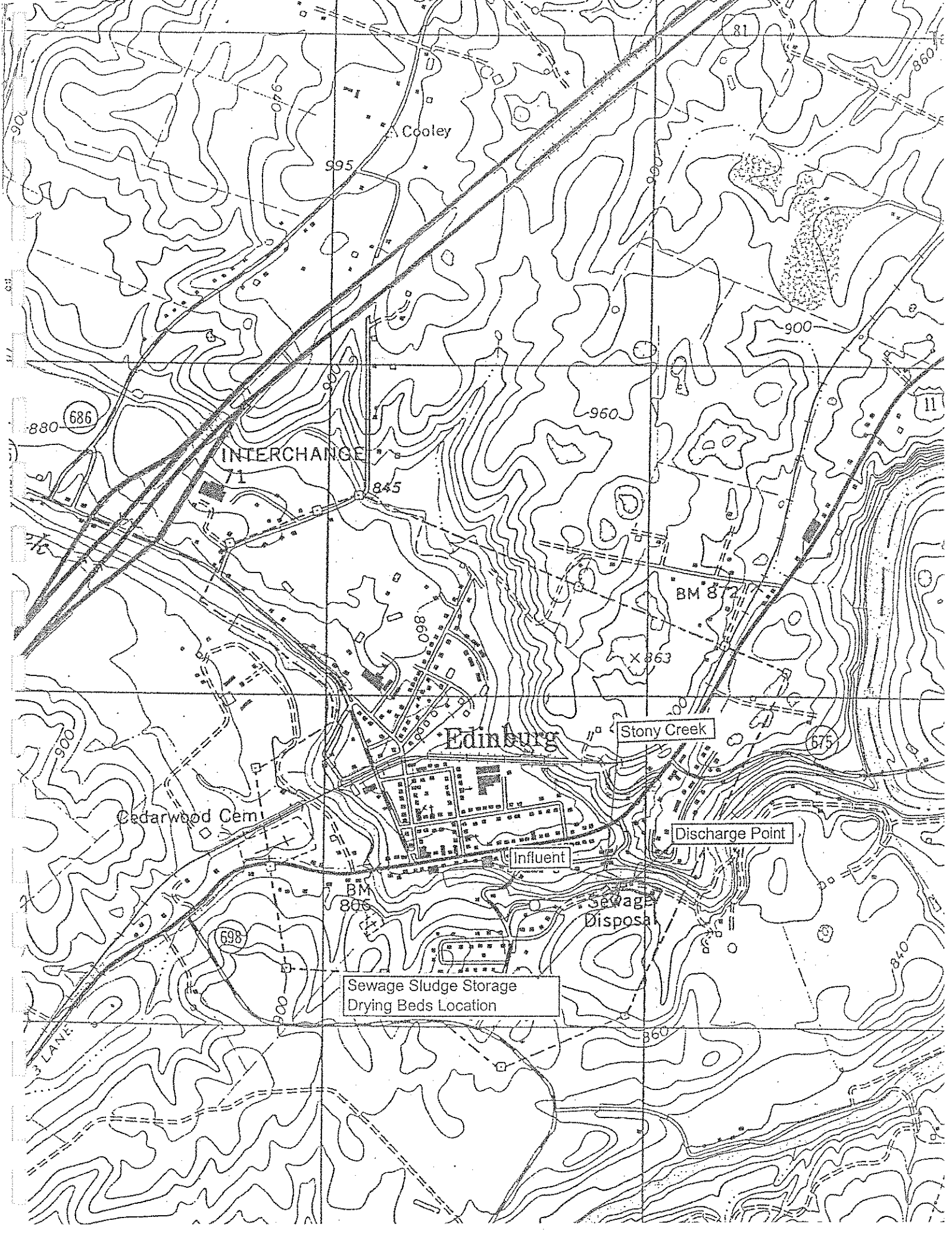
(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name: Shenandoah County Landfill
- b. Contact person: Brad Dellinger
Title: Operations Manager
Phone: (540) 984-8573
Contact is: ____ Landfill Owner X Landfill Operator
- c. Mailing address.
Street or P.O. Box: 349 Landfill Road
City or Town: Edinburg State: VA Zip: 22824
- d. Landfill location.
Street or Route #: 349 Landfill Road
County: Shenandoah County
City or Town: Edinburg State: VA Zip: 22824
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
_____ 23 dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:
Permit Number: _____ Type of Permit: _____
469 VDEQ Permit
- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
X Yes ____ No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? X Yes ____ No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? X Yes ____ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. From the landfill take Landfill Road to US 11. Turn Right onto Route US 11. Left onto Water Street. Right onto Palmyra Road. Left onto N. Whissen Street. End at the STP. Days of hauling are Monday - Friday 9AM to 11AM.

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VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

5. a&b Topographic Map



Cooley

INTERCHANGE

Edinburg

Cedarwood Cem

Stony Creek

Discharge Point

Influent

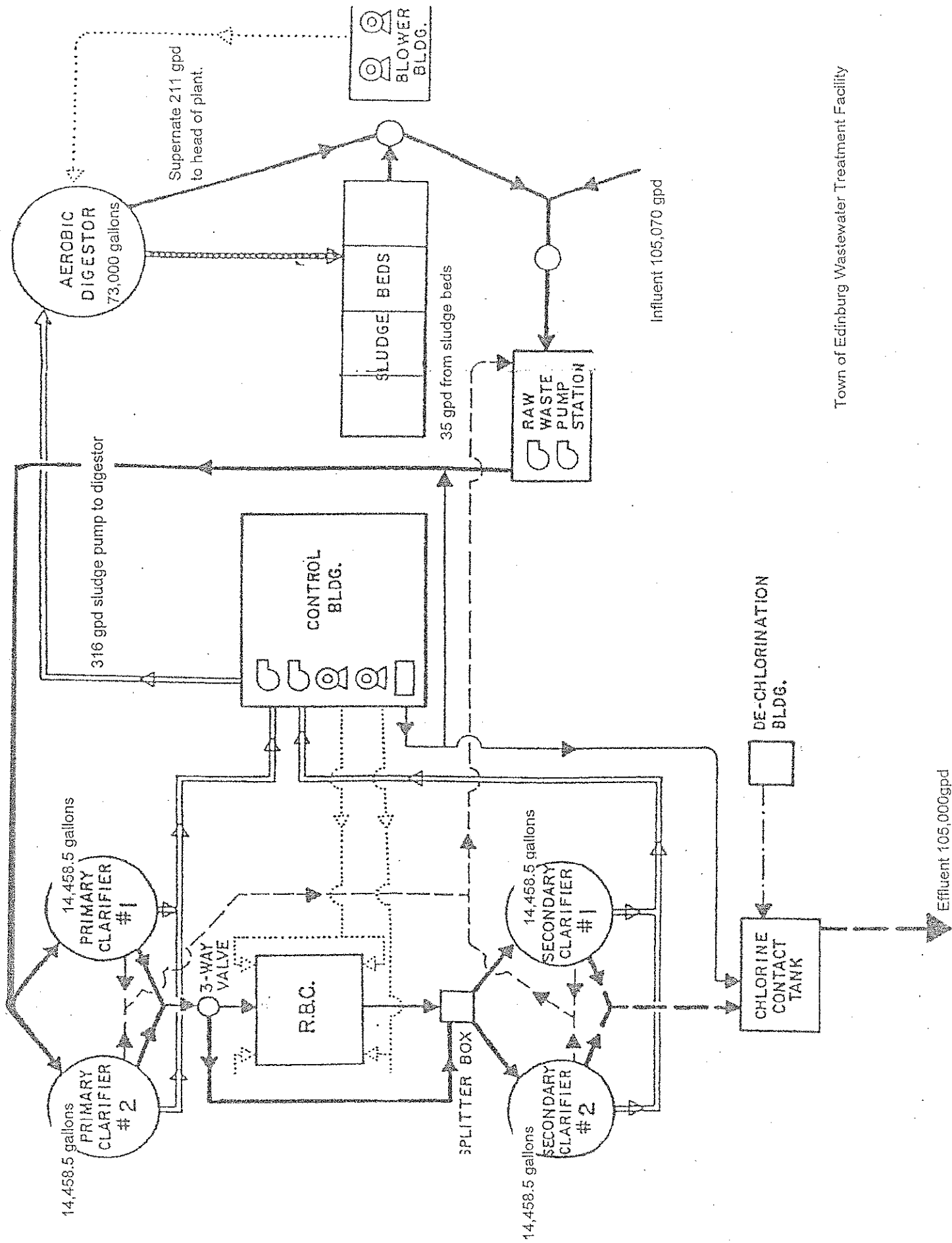
Sewage Disposal

Sewage Sludge Storage
Drying Beds Location

3 LANE

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

6. Line Drawing



Town of Edinburg Wastewater Treatment Facility